

**APPENDIX D - ENTRANCE PROCEDURES AND REQUIREMENTS**

APPENDIX D-1

a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

- \_\_\_\_\_ Discharge planning team
- \_\_\_\_\_ Physician (M.D. or D.O.)
- X   Registered Nurse, licensed in the State
- \_\_\_\_\_ Licensed Social Worker
- X   Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)
- \_\_\_\_\_ Other (Specify):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_

## APPENDIX D-2

## a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

\_\_\_\_\_ Every 3 months

\_\_\_\_\_ Every 6 months

  X   Every 12 months

\_\_\_\_\_ Other (Specify):

12 months is the minimum standard. Individual Planning meetings will be held as needed to ensure the plan meets the current needs of the recipient.

## b. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

\_\_\_\_\_ The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

  X   The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care (Specify):

\_\_\_\_\_ Physician (M.D. or D.O.)

\_\_\_\_\_ Registered Nurse, licensed in the State

\_\_\_\_\_ Licensed Social Worker

  X   Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

DATE: \_\_\_\_\_

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X  

Other (Specify):

An RN from the Mountain Pacific Quality  
Health Foundation may assist in the  
level of care redetermination process at  
the request of the QMRP.

c. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The State will employ the following procedures to ensure  
timely reevaluations of level of care (Check all that  
apply):

  X  

"Tickler" file

      

Edits in computer system

      

Component part of case management

      

Other (Specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPENDIX D-3

a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):

\_\_\_\_\_ By the Medicaid agency in its central office

  X   By the Medicaid agency in district/local offices

\_\_\_\_\_ By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program

\_\_\_\_\_ By the case managers

  X   By the persons or agencies designated as responsible for the performance of evaluations and reevaluations

\_\_\_\_\_ By service providers

\_\_\_\_\_ Other (Specify):

\_\_\_\_\_  
\_\_\_\_\_

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

DATE: \_\_\_\_\_

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION / ASSESSMENT

A copy of the written assessment instrument(s) to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix.

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

\_\_\_\_\_ Check one:

\_\_\_\_\_ X \_\_\_\_\_ The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.

\_\_\_\_\_ \_\_\_\_\_ The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Attached is a description of the process used for evaluating and screening diverted individuals.

APPENDIX D-4

a. FREEDOM OF CHOICE AND FAIR HEARING

- \_\_\_\_\_1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:

  - a. informed of any feasible alternatives under the waiver; and
  - b. given the choice of either institutional or home and community-based services.
2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.
3. The following are attached to this Appendix:

  - a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;
  - b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;
  - c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and
  - d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:  
Copies of the freedom of choice form are stored in an  
individual file for every waiver recipient and these files  
are maintained in the office of the assigned QMRP.

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DATE: \_\_\_\_\_